UTILITY PATENT APPLICATION TRANSMITTAL

(for new applications under 37 C.F.R. § 1.53(b))

Customer Number:	**000201**
Attorney Docket Number:	C6656(C)
Applicant:	Edward John GIBLIN and Jaimee Terese SIMONE
For:	VENTING CLOSURE
Express Mail Label No.:	ER 292 457 157 US
Date Deposited:	December 30, 2003
UNUS #:	03-D115-EDG
Assignee:	Unilever Home & Personal Care USA

To: Commissioner for Patents
         Box: Patent Application
         P.O. Box 1450
         Alexandria, VA 22313-1450

APPLICATION ELEMENTS

1.   [X]   Fee Calculation (Box 13) and Authorization (Triplicate copies of this form are enclosed)
2.   [X]   Specification and Claims (17) Total Pages
3.   [X]   Informal Drawings (4) Total Sheets
4.   [X]   Executed Declaration
5.   [ ]   Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
     a. [ ]   Computer Readable Copy
     b. [ ]   Paper copy (identical to computer copy)
     c. [ ]   Statement verifying identify of above copies.

ACCOMPANYING APPLICATION PARTS

6.   [ ]   Information Disclosure Statement (IDS)/PTO-1449
7.   [ ]   Copies of IDS citations
8.   [ ]   Preliminary Amendment
9.   [X]   Two (2) Return Receipt Postcards
10. [ ]   Certified Copy of Priority Document
11. [ ]   The benefit under 35 U.S.C. § 119 is claimed of the filing of:
12. [ ]   Other:
13. [X]   The FILING FEE (including any claims introduced or cancelled by Preliminary Amendment) is calculated below:

CLAIMS				
FOR	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE $770.00
Total Claims	13 - 20		X $ 18.00	
Independent Claims	2 - 3		X $ 86.00	
Multiple Claims	Yes	No	X $290.00	
TOTAL FILING FEE . . .				$770.00

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14. [X] Charge $770.00 to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.
15. [X] The Commissioner is hereby authorized to charge any additional fees, which may be required, including all required fees under
   [X] 37 C.F.R. § 1.16;
   [X] 37 C.F.R. § 1.17;
   [X] 37 C.F.R. § 1.18.
16. [X] **Correspondence Address:**
   Customer Number: 000201

Respectfully submitted,

Kevin J. Stein
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